

STATE OF MARYLAND
 Maryland Department of Health
 Division of Vital Records



320210108860000



File Number *32021MD010885*

Certificate of Death

1. Decedent's Name, AKA Name (if any) PEGGY SHECKELLS THOMPSON				2. Date of Death 03/05/2021		3. Time of Death 0454	
4a. Facility Name 14220 FOX HALL ROAD				4b. City, Town or Location of Death DOWELL		4c. County of Death CALVERT	
5. Social Security Number		6. Sex F	7. Age 78 YR	8. Date of Birth 01/16/1943		9. Birthplace MARYLAND	
Usual Residence of Decedent 10a. State MARYLAND		10b. County CALVERT		10c. City, Town or Location DOWELL		10d. Inside City Limits? NO	
10e. Address 14220 FOX HALL ROAD						10f. Zip Code 20629	
11. Marital Status WIDOWED (AND NOT REMARRIED)		12. Ever in U.S. Armed Forces? NO	13. Hispanic Origin? NO		14. Race WHITE		
15. Decedent's Education HS OR GED			16a. Decedent's Usual Occupation TECHNICAL ADMINISTRATOR E-2C		16b. Business/Industry U.S. NAVY		
17. Father's Name ELLIOT SHECKELLS				18. Mother's Name Prior to First Marriage VIRGINIA DOWELL			
19. Surviving Spouse's Name							
20a. Informant's Name MARK GREEN			20b. Informant's Relationship SON	20c. Informant's Mailing Address 492 CRYSTAL DRIVE, MADIRA BEACH, FLORIDA 33708			
21a. Method of Disposition CREMATION		21b. Place of Disposition RAUSCH CREMATORY		21c. Date of Disposition 03/06/2021		21d. Location 20 AMERICAN LANE P O BOX 600, LUSBY, MARYLAND 20657	
22a. Signature of Funeral Service Licensee MATTHEW WILSON			22b. License No M01925	22c. Name and Address of Funeral Facility RAUSCH FUNERAL HOME PA 20 AMERICAN LANE P O BOX 600, LUSBY, MD 20657			
23a. Part I. Disease, injuries, or complications that directly caused the death METASTATIC OVARIAN CARCINOSARCOMA						Approximate Interval Between Onset and Death 33 MONTHS	
Immediate Cause (final disease or condition resulting in death) a. _____ Due to (or as a consequence of): _____							
Conditions, if any, leading to immediate cause b. _____ Due to (or as a consequence of): _____							
c. _____ Due to (or as a consequence of): _____							
d. _____							
Part II. Other significant conditions contributing to death but not resulting in the underlying cause in Part I						23b. Did tobacco use contribute to the cause of death? NO	
24a. Was an autopsy performed? NO		24b. Were autopsy findings available prior to completion of cause of death?		25a. Was case referred to medical examiner? NO		25b. Medical Examiner Countersignature	
26. Place of Death HOME			27. Manner of Death NATURAL		28a. Date of Injury		28b. Time of Injury
28c. How injury occurred				28d. Injury at work?	28e. Transportation Injury?	28f. Place of injury	
28g. Location of Injury							
29a. Certifier Type CERTIFYING PHYSICIAN		29b. Signature and Title of Certifier KENNETH L. ABBOTT, M.D.			29c. License No D56024		29d. Date signed 03/05/2021
30a. Name of person who completed cause of death KENNETH L. ABBOTT				30b. Address of person who completed cause of death 110 HOSPITAL ROAD 110, PRINCE FREDERICK, MARYLAND 20678			

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21a. Method of Disposition CREMATION		21b. Place of Disposition RAUSCH CREMATORY		21c. Date of Disposition 03/08/2021		21d. Location 20 AMERICAN LANE P O BOX 600, LUSBY, MARYLAND 20657			
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30a. Name of person who completed cause of death KENNETH L. ABBOTT			30b. Address of person who completed cause of death 110 HOSPITAL ROAD 110, PRINCE FREDERICK, MARYLAND 20678						
For Office Use Only:									
31. Date Filed 03/08/2021		32. Registrar at Filing CRYSTAL D. WEAVER		33. Date Issued 03/08/2021		34. This is to certify that this is a true and correct copy of the official record on file in the office of the Maryland Division of Vital Records. Registrar's Signature <i>Crystal D. Weaver</i>			

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